



Houston Department of Health and Human Services
Strategic National Stockpile Volunteer Application
Mail/Fax version

Please **PRINT LEGIBLY** and complete all information. Write "NA" in areas that do not apply.

Personal Information:

Name: _____ DOB (mm/dd/yyyy): _____ Gender: ☐ Female ☐ Male

Address (Please provide **rural** "911" address if known): _____

Phone (include area codes): _____

E-mail (Home): _____ E-mail (Work): _____

Occupation: _____ Employer: _____

Does your position require you to supervise others? ☐ Yes ☐ No If yes, how many people do you supervise? _____

Drivers License #: _____ State: _____ Expiration (mm/dd/yyyy): _____

Emergency Notification: _____

Physical limitations that may impede specific duties (describe): _____

Skills and Experience:

Military/law enforcement background: ☐ Yes ☐ No If military, list specialization (MP, medic, communications, etc.): _____

Licensed health care provider (type[s] of license[s] - MD, Nurse Practitioner, RN, LVN, EMT, Pharmacist, etc.): _____

License #: _____ State: _____ Expiration Date: _____

Licensed mental health provider (type[s] of license[s] - Psychologist, Psychiatrist, Social Worker, LPC, LMFT, etc.): _____

License #: _____ State: _____ Expiration Date: _____

Language(s) other than English (including ASL or other sign language): _____ ☐ Speak ☐ Read ☐ Write

Computer skills (list software/networking/hardware/IT): _____

Data entry/typing skills (describe): _____

Tactical communications skills (two-way radio, satellite phone, ham radio, etc.): _____

Construction skills (describe): _____

Warehouse/inventory management skills (describe): _____

Facilities management skills (describe): _____

Commercial truck driving skills (list type of truck[s]): _____ Current CDL? ☐ Yes ☐ No

Ushering skills (church, sporting events, etc. - describe): _____

Parking/traffic flow management skills (describe): _____

Teaching/training experience (describe): _____

Emergency/Disaster Response Training/Experience/Certifications:

_____ First Aid Expiration Date (mm/dd/yyyy): _____

_____ CPR Expiration Date (mm/dd/yyyy): _____

_____ AED Expiration Date (mm/dd/yyyy): _____

_____ Red Cross Disaster Training Expiration Date (mm/dd/yyyy): _____

_____ Other Red Cross Training (describe): _____ Expiration Date (mm/dd/yyyy): _____

_____ CERT Team

_____ Critical Incident Stress Management

_____ FEMA courses/certification (IS-700 [NIMS], etc. - list): _____

_____ Other emergency/disaster response training (describe): _____

List any **other special skills/training/abilities** you believe would be of assistance during a community crisis situation. Also, please include any PAST health care or mental health licenses/certifications you have held:

Please see next page for Volunteer Requirements and Responsibilities.



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Availability for training: ☐ Days ☐ Evenings ☐ Weekends

Middle School located closest to home address: _____

High School located closest to home address: _____

Volunteer Requirements & Responsibilities:

1. Submit complete application form and copy of Texas driver's license.
2. Be at least 18 years of age.
3. Hold a current valid Texas drivers' license.
4. Have no **felony convictions** for DUI, drug-related, sexual, or family violence offenses.
5. Participate in all required training sessions.
6. Comply with worker/volunteer standards established by the Regional SNS Program Coordinator.
7. Notify the City of Houston Emergency Volunteer Coordinator, in writing, when terminating volunteer status.
8. Be available on short-term notice.

I understand:

- That any information I have provided in this application may be disclosed to and used by the City of Houston Emergency Volunteer Coordinator and/or Team Leader for planning purposes and volunteer assignment **ONLY**.
- That, in the case of Strategic National Stockpile deployment, I may be contacted at any time (day or night).
- That all information regarding the Strategic National Stockpile is considered confidential and I will not release names, locations of warehouses, or any other sensitive information without the permission of the SNS Coordinator.
- Due to the nature and content of the Strategic National Stockpile and the potential duties of volunteers, a background check may be conducted on volunteer applicants. I understand that a **felony conviction** for DUI, drug-related, sexual, or family violence offenses will disqualify me for participation as a volunteer in the SNS program and that I may be disqualified for other reasons at the discretion of the SNS Coordinator.

I have read and understand the above-listed requirements, responsibilities and information. I attest to the accuracy of the information I have provided on this application. I hereby authorize the City of Houston Emergency Volunteer Coordinator to receive and disclose my information to the Regional SNS Coordinator and/or SNS Team Leader for the purposes and reasons stated above.

Applicant Signature: _____ Date: _____

Received by: _____ Date: _____

Date entered into database: _____

When form is completed and signed, please mail to:

Houston Department of Health and Human Services
Office of Surveillance and Public Health Preparedness
c/o SNS Coordinator
8000 North Stadium Drive, 8th floor
Houston, TX 77054

OR fax to:

ATTN: SNS Coordinator
at 713-794-9302